Attachment 33

STATEMENT OF ASSURANCES CERTIFICATION

The officials listed below cer requirements:	tify through their signature that the region has	s met the following
Assures the local stakehold organizations and WIOA serv	ders (businesses, organized labor, public officia ice providers) were involved in the developme	lls, community-based ent of this plan;
☐Assures a written agreeme and the current one-stop ope	nt has been developed between the local wor erator(s);	kforce development board
Assures a written agreeme workforce development boar	nt has been developed between the chief elec d;	ted official(s) and the local
☑Assures the chief elected of	fficial(s) agree(s) witn the selection of the one-	stop operator;
☐ Assures the chief elected of	ficial(s) authorized the designation/selection o	of the region's fiscal agent;
maintenance of membership	is administrative staff that all WDB members a over time is completed, on good faith and acti- nent WDB member certification OWD Issuance	ons in compliance with the
	mbers and LWDB staff have read and understa	nd the Conflict of Interest
Assures the plan received a	30-day public comr ent period.	
components of the Workforce funds will be spent in accordar	Development Area certifies that it has complied Innovation and Opportunity Act. The workfornce with the Workforce Innovation and Opportunent of Labor guidance implementing this Act DocuSigned by:	ce area also assures that unity Act and its
	Bob Dixon	6/17/2020
	Chief Elected Official (or CEO Chair	Date
	Workforce Development Board Chair	3-12-20 Date
	DocuSigned by: E8FA791BE6E14C0	6/15/2020
	Workforce Development Board Director	Date